

OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SNAPSHOT INSPECTION

PIEDMONT GERIATRIC HOSPITAL

ANITA S. EVERETT, MD

INSPECTOR GENERAL

OIG REPORT # 75-03

Facility: Piedmont Geriatric Hospital
Burkeville, Virginia

Date: February 4-5, 2003

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Anita Everett, M.D.
Cathy Hill, LPC.

Heather Glissman, BA

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Piedmont Geriatric Hospital in Burkeville, Virginia on February 4-5, 2003. The OIG also conducted a follow-up visit to the facility on March 3, 2003 to review the new program, which was not in place during the time of the snapshot inspection. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas which are consistent with basic rights as established under the federal Civil Rights of Institutionalized Persons Act. The areas are as follows: safe environment as manifested through the general conditions of the facility and staffing patterns, and, the active clinical treatment provided for patients.

Piedmont is the only state facility solely dedicated to the evaluation and treatment of persons over the age of sixty-five. The facility continues to recruit nursing positions in order to provide adequate nursing coverage for these medically complex and behaviorally challenging patients. One of the ongoing problems at this facility has been access to RN level staff on evening and weekend shifts. In negotiations with the DOJ for other facilities in Virginia, one RN for each shift on each unit was a minimal requirement. In order to facilitate this as well as current budget reductions, five units were reconfigured into four. Supervisory positions have been assigned to unit nursing duties in order to enhance direct care contact.

Programs had been suspended during the initial visit to the facility but team members were informed and observed active treatment programming during the follow-up visit. The newly implemented SMILE (Skills Mastery, Individual Living Enhancement) program is offered to patients residing on 1 West. Limited unit based programming is available for patients on the other units depending upon their level of functioning. On the day of the visit, programming on 3 West was not occurring due to staff shortages, according to staff interviewed. It was anticipated that therapeutic programming would commence within 2 weeks.

Tours on all the units revealed the facility to be overall clean, comfortable and well maintained.

PART I: STAFFING ISSUES	
1. Number of staff scheduled for this shift for this unit?	Day Shift – February 4

<p>DSA= Direct Service Assistant</p>	<p>Ground Unit – 32 residents</p> <p>2 RN's</p> <p>2 LPN's</p> <p>8 DSA's</p> <p>Unit 1 – 29 residents</p> <p>3 RN's</p> <p>2 LPN's</p> <p>6 DSA's</p> <p>Unit 2 – 35 residents</p> <p>2 RN's</p> <p>3 LPN's</p> <p>6 DSA's</p> <p>Unit 3 – 27 residents</p> <p>2 RN's</p> <p>2 LPN's</p> <p>7 DSA's</p> <p>Evening Shift – February 4</p>
--------------------------------------	---

	<p>Ground Unit – 32 residents</p> <p>1 RN's</p> <p>2 LPN's</p> <p>4 DSA's</p> <p>Unit 1 – 29 residents</p> <p>1 RN's</p> <p>2 LPN's</p> <p>4 DSA's</p> <p>Unit 2 – 35 residents</p> <p>2 RN's</p> <p>3 LPN's</p> <p>6 DSA's</p> <p>Unit 3 – 27 residents</p> <p>1 RN's</p> <p>2 LPN's</p> <p>4 DSA's</p>
	<p>Night Shift – February 4</p> <p>Ground Unit – 32 residents</p> <p>1 LPN's</p>

	<p>2-3 DSA's</p> <p>Unit 1 – 29 residents</p> <p>1 RN's</p> <p>1 LPN's</p> <p>2 DSA's</p> <p>Unit 2 – 35 residents</p> <p>1 LPN's</p> <p>3 DSA's</p> <p>Unit 3 – 27 residents</p> <p>1 RN</p> <p>1 LPN's</p> <p>3 DSA's</p>
2. Number of staff present on the unit?	Observations of unit staffing revealed that staffing was as indicated above.
3. Number of staff doing overtime during this shift or scheduled to be held over?	Review of staffing indicated that there was no staff working overtime during this inspection.
4. Number of staff not present due absence because of workman's compensation injury?	Interviews revealed that no staff were out on workers compensation leave on the units toured.
5. Number of staff members responsible for one-to-one coverage during this shift?	Review of staffing indicated that 2 staff on each shift was responsible for 1:1's.

6. Are there other staff members present on the unit? If so, please list by positions?

Throughout the day shift, members of the Physical, Recreational, Occupational and Music Therapy staff, as well as Social Workers visit each unit.

During the evening and night shifts, unit nursing coordinators and the house-nursing supervisor make rounds. Interviews indicate that the extent of time spent on the units by the supervisors varied significantly. Several units described a very limited contact with the nursing coordinators, sometimes only 15 minutes during the entire shift. These supervisors are often the only RNs available for the some of the units.

7. Additional comments regarding staff: Interviews conducted with administrative and direct care staff revealed that the facility continues to function without having an RN on each unit for each shift, although meeting this target is still a facility goal. A strategy at this facility to address budget reductions has been to freeze some positions. Seven non-direct care staff were laid off as a result of budget reductions. Several additional positions have been frozen and this includes 1 RN position, 10 LPN and 8 Direct Service Associates (DSA) positions.

Despite these numbers, the facility is attempting to deal with the cuts without laying-off direct care staff. The Director of Nursing has reviewed current staffing configurations and adjusted staffing deployment in an effort to increase RN coverage during the evening and night shift. Supervisory positions have been assigned to unit nursing duties. Even with scheduling adjustments and unit consolidation, this facility continues to function with only two RNs assigned to units during the night shift. The team conducted a tour of the units on all three shifts and staffing patterns were noted above. It was noted during the tour that on 2 West during the night shift (the unit that houses the most medically and physically compromised patients) there were no RNs scheduled, only one LPN (there are normally two) and three HSCW (one was assigned to 1:1 duty) for the 33 patients. Several of the patients were described as needing regular monitoring due to active medical concerns. The OIG has noted in previous reports that it is particularly important for the safety of these individuals to have an RN on the unit to conduct the level of assessment necessary to address and monitor the complex needs of this population.

In addition, OIG team members were informed that nursing participation in active treatment programming has been significantly impacted by the shortage. It was also noted in a record reviewed by the team that a community-based medical follow-up appointment was cancelled due to the staff shortage and rescheduling of this appointment was not noted. A member of the OIG team observed a patient fall and had to go locate staff in order for them to assist the person.

Staff expressed concerns with the recent changes in the deployment of nursing staff. Most indicated that the primary impetus for the consolidation of the units was a method for increasing staff to patient ratios, particularly in the deployment of RNs. The practice of the facility serving these very complicated and challenging patients without the level of expertise an RN possesses for conducting ongoing medical and psychiatric

assessments places patients at an unacceptable risk. OIG staff were informed during this inspection that a member of the Central Office for DMHMRSAS was to visit the facility to assist the DON in reviewing staff patterns and develop plans for deployment of staff.

This facility is not a nursing home, it is a hospital providing care for very complex and fragile individuals many of whom have been transferred from Nursing homes and assisted living facilities because of complex and aggressive behavior which traditional nursing homes are not equipped to manage. This is often accompanied by medical problems. In this regard PGH truly functions as a safety net and referral center for very complex individuals. This is a valuable service to citizens of Central Virginia. Professional nursing staffing should reflect this role.

OIG Finding 1.1: Progress has been made toward the goal of one RN per unit per shift.

OIG Recommendation: Pursue the plans for a minimum of one RN per unit per shift. The OIG requests updates regarding the progress in addressing this staffing issue.

DMHMRSAS Response:

The following are being implemented to increase RN coverage on the evening and night shifts:

Rotation of all RNs who have previously worked predominately day shift to night shift effective Feb./March schedule. **(2W and Ground Floor to start rotation when RN positions are filled and 2 positions were filled 3/10/03)**

Assigned shift supervisors (3) to night shift on 3W, Gr. Fl. and to the evening shift on 2W who will be providing direct care. (These shift supervisors provide relief coverage for the Night and Evening Coordinators.)

Assigned RNs from 2E (Consolidated Unit):

1 Unit Coordinator to Gr. Floor (provides direct care)

2 to Ground (rotating)

1 to 2 West (rotating)

2 to 1 West (1 West has the Admission Suite and JCAHO mandates 24hour RN coverage)

RN recruiting is done continuously

1 new hire 3/10/03 for Gr. Floor

1 new hire 3/10/03 for 2 West

Awaiting acceptance to offer to applicant for night shift –2 West

Advertising for evening and night shift RNs

Recruitment and retention of RN's continues to be a facility priority as the shortage of RN's continues to grow nationally.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

During the review, the census of all three shifts was requested and all shifts had the same census as follows.

Capacity:

Ground Unit: 34

Unit 1: 32

Unit 2: 35

Unit 3: 35

Census:

Ground Unit: 32

Unit 1: 29

Unit 2: 35

Unit 3: 27

3. Number of patients/residents on special hospitalization status

Interviews with facility staff indicated that three patients were on special hospitalization status during this review.

4. Number of patients/residents on special precautions?

Interviews with staff on all units, across all indicated that due to the complexity clients most are under informal special precautions.

5. Number of patients/residents on 1 to 1?

Interviews with staff regarding staff patterns indicated that 2 patients in the facility for each shift were on 1:1 status.

6. Identify the activities of the patients/residents?

During the time of the initial inspection, OIG staff members learned that formal treatment programming had been suspended due to the facility reorganization. At the time of the inspection the facility had just completed implementation of the closing of the 2 East admissions unit. This meant that the physical environments as well as patients and staff were being moved and orientated to a new environment. The activities that were offered during this transition period were divisional in nature. These included, Arts and Crafts, Socialization, listening to Music, watching TV, Bible study, Reminiscence, and playing games. The Activities Therapist was present on the units, and was the person who worked to organize these informal temporary activities until the units could become oriented to a new schedule.

During the follow-up visit on March 3, staff were informed of and observed activities being provided in the SMILE (Skills Mastery, Individual Living Enhancement) Program. This newly implemented program replaces the previous active treatment programs (FLIP and TARP) provided at the facility. The SMILE program is designed to aid the patients maximize independence while assisting them in developing adaptations for living within community-based programs that will support them functioning in a manner consistent with their individual values.

7. What scheduled activities are available for patients/residents during this shift?

Interviews and review of facility documents indicated that the primary shift that deals with activities is the day shift in which the formalized FLIP and TARP program were conducted. The facility has decided to combine these two programs into a large program called SMILE discussed above. As noted, the active treatment programming was suspended during the initial visit.

Interviews conducted during the follow-up visit revealed that admission into the SMILE program is limited to those individuals residing on 1 West. Afternoon programming for this service included: Socialization Groups and Coping Skills Group. On the afternoon of March 3, each of the groups was directly observed. Each of these groups was well organized, and clear attempts were made to promote participation of each patient. Staff conducted groups in a professional manner and were very respectful of the dignity of the patients.

The remaining patients in other units at PGH participate in unit-based activities. During the follow-up visit, programs were observed on the Ground Floor, but activities were not occurring on 2 West or for the patients on 3 West. Forensic patients participate in activities at a newly operational on-site Senior Center. Staff on 3 West related that programming was not available on the unit due to staff shortages.

8. Are smoke breaks posted?

Interviews with staff indicated that formalized “smoke breaks” are not utilized at this facility rather; it is based on individual treatment plan.

9. Do patients/residents have opportunities for off-ground activities?

Interviews with staff indicated that patients do regularly travel off grounds to the store, mall, or even just to go on a drive.

10. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that snacks are afforded for this medically complicated clientele on an individual basis.

11. Other comments regarding patient activities: OIG staff members were informed that the transition in active treatment programming was occurring for several reasons. Interviews related that the combining of treatment programs into the singular one will create a more focused active treatment program, allow for a better deployment of staff, and with the closing of the on grounds programming building lessen demands on ancillary staff such as food service, transportation and buildings and grounds.

While this has enhanced active treatment for individuals most likely to benefit from it, to date this appears to have been associated with a reduction in access to treatment for the individuals not residing on 1 West.

OIG Finding 2.1: PGH has implemented a new program for patients on 1 West. Limited therapeutic programming was available for the patients on the other three units.

OIG Recommendation: PGH needs to assure that programming is provided for all patients depending upon their level of functioning. Scheduled activities were reportedly not occurring due to staffing shortages. This needs to be reviewed.

DMHMRSAS Response:

For clarification purposes, it needs to be noted; the hospital has reviewed its Psychosocial Rehab staffing which is as follows:

3W – RT & MT (2 FTE)

2W – RT & MT (2.5 FTE)

1W – SMILE program

2 RT & 1 MT (2.0 FTE)

GF – AT & MT (1.5 FTE)

2 OT's going to all units (.5 FTE per unit)

Contracted Physical Therapy

On March 3, 2003 one of the RT's was absent and there was no coverage for his groups. We are reviewing coverage and how to provide coverage for activities in the event of staff absences.

In addition to the above staffing, each unit has group treatment programs provided by Nursing, Social Work and Psychology. During the past 60 days the Director of Rehabilitative Services has been working closely with the Nursing Department by having Rehabilitation Staff work cooperatively with the Clinical Nurse Specialists and Unit Coordinators on the other Units to plan and continue to schedule appropriate treatment

Modalities, activities, and events for the patients. The Senior Recreation Center has been added to the Program Schedule for each Unit. The Occupational Therapist (2) will also plan and conduct psychosocial groups (Sensory Stimulation, ADL Training and Horticulture) in addition to assisting the CNS's with Feeding Programs. The Clinical Leadership Team does quarterly review of Active Treatment hours and adjustments are made to meet any deficits. (A copy of the report on active treatment hours is available for the date of the follow-up visit on March 3, which confirms the OIG observations.)

Individual Treatment Plans are developed by Multi-disciplinary Treatment Teams and implemented with consideration of the patients' level of physical and cognitive functioning.

NOTE: As indicated above, PGH has recently implemented a new Senior Recreation Center where patients can get off the unit and attend various programs. The Center modalities are available one day a week to patients from all units. In addition, forensic patients (housed on 3-West) attend every day. The program is designed to allow patients the freedom of choice in recreational, diversional / music and special events. The Center provides the opportunity for patients to interact with others outside of their present environment, similar to centers in the community. A Sensory Stimulation Room is being developed with sensory lights and a large aquarium, which should be completed by the end of March. There will be four rooms set-up with activities scheduled and carried out in each of the rooms daily, based on patient's level of functioning. Pet Therapy, Gardening, and outside Entertainment Groups will be forthcoming. Unit based Program staff also have the opportunity to plan or request their own special activities or events for their patients on their scheduled days at the Center.

April 21, 2003 is our projected date to have completed the modification of our psychosocial treatment programs throughout the facility. We continually evaluate the effects of these programs on the outcome on their treatment goals.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW:	Comments and Observations
Common Areas	
1. The common areas are clean and well maintained.	Tours of all common areas of this facility confirmed that each area was clean, essentially free of odors and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of each unit indicated that furniture in bedrooms and in common areas was adequate to meet the needs and numbers of patients on each unit.
3. Furniture is maintained and free from tears.	Tours of each residential area indicated that furniture was free from tears and is well maintained.
4. Curtains are provided when privacy is an issue.	Tours of residential units, particularly of bedrooms, which have up to 4 clients, indicated curtains were utilized between the bed areas for privacy. Window coverings are provided for privacy from the outside.
5. Clocks are available and time is accurate.	Tours of all four units indicated that clocks were available in public areas and had the correct time.
6. Notification on contacting the human rights advocate are posted.	Tours of each unit indicated that a poster providing information on how to contact the Human Rights Advocate is posted in a public area of each unit.

7. There is evidence that the facility is working towards creating a more home-like setting.	Tours of each residential unit indicated that there is evidence that the facility is working to create a more homelike atmosphere.
8. Temperatures are seasonally appropriate.	Tours of each unit during all three shifts confirmed that temperatures were seasonally appropriate.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Tours of visiting area and observations of family's visiting with clients indicated that the areas designed as visiting areas were set up appropriately.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with staff indicated that clients have access to communication materials and literature.
11. Hallways and doors are not blocked or cluttered.	Tours of units indicated that hallways and doors are not blocked and cluttered.
12. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with staff indicated that fire drills are conducted once per shift per quarter.
14. Fire drills are conducted routinely and across shifts.	Interviews with staff indicated that fire drills are conducted once per shift per quarter.
Bedrooms	Comments and Observations

1. Bedrooms are clean, comfortable and well-maintained.	Tours of all residential units indicated that all bedrooms are clean, comfortable and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Tours of bedrooms on all units indicated that each client is furnished with a mattress, sheets, blankets and a pillow and there is a linen closet if more of something required or requested.
3. Curtains or other coverings are provided for privacy.	Tours of all residential units confirmed that curtains and other coverings are provided for clients privacy.
4. Bedrooms are free of hazards such as dangling blind chords, etc.	Tours indicated that though there are blinds with cords in each room, the cords are not dangling in a hazardous manner.
5. Patients/residents are able to obtain extra covers.	Interviews with staff indicated that clients are able to obtain extra linens and covers.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews with staff and tours of bedrooms indicated that clients are given the opportunity to personalize their rooms and staff will work with them and families to expedite their requests.
Seclusion Rooms	Comments and Observations
1. Seclusion and/or time out rooms are clean.	This facility does not utilize seclusion or time out rooms.
2. Seclusion and/or time out rooms allow for constant observations.	This facility does not utilize seclusion or time out rooms.
3. Bathrooms are located close to the seclusion or time-out areas.	This facility does not utilize seclusion or time out rooms.

Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Tours of unit bathrooms across all shifts indicated that all were cleaned and well maintained.
2. Bathrooms were noted to be odor free.	Tours of unit bathrooms across all shifts indicated that all were odor free.
3. Bathrooms were free of hazardous conditions.	Tours of unit bathrooms across all shifts indicated that all were free of hazardous conditions.
Buildings and Grounds	Comments and Observations
1. Pathways are well-lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Upon entering the hospital all visitors are required to check in, receive a visitors badge and be escorted to their location.
3. Grounds are maintained.	A driving tour the grounds confirmed that they were well maintained.
4. There are designated smoking areas with times posted.	There is not a facility-designated area for this smoking. This handled on a individual basis
5. Patients/residents have opportunities to be outside.	Interviews with staff indicated that clients regularly go outside on and off grounds, weather permitting.

OIG Finding 3.1: Tours of the facility revealed that the hospital was clean, comfortable and well maintained.

OIG Recommendation: None.

DMHMRSAS Response: The Department appreciates the OIG findings related to the environment of care at this facility.

PART FOUR: APPLICATION OF PRINCIPLES OF BEHAVIORAL MANAGEMENT

Piedmont Geriatric Hospital is the only state operated facility designed to provide for the care and treatment of persons over the age of sixty-five. A majority of the patients receiving care at the facility have been diagnosed with a cognitive disorder, primarily dementia. A diagnosis of dementia does not preclude the person from having an additional psychiatric diagnosis but usually the dementia becomes the primary focus of care and treatment. Often persons with dementia also experience behavioral disturbances such as wandering, repetitive yelling and/or becoming markedly combative. These behaviors frequently make it more difficult for the person to reside in the community and become the impetus for hospitalization. One of the challenges for providing care for persons with severe cognitive disturbances involves the shaping of the environment in such a manner as to help mitigate the behavioral difficulties. Behavioral interventions at the facility often involve a review of the environment in order to identify patterns that contribute to the maintenance of maladaptive behaviors. This may include adjustments such as the staff's interactions with the patient or the time of day for certain activities to occur. These interventions are not developed into a formalized behavioral plans or behavioral contract with the patient but serve as learning tools for the staff.

The psychologist, in cooperation with other treatment team professionals, develops both the more informal environmental interventions and the formalized behavioral plans. The formalized behavioral plans involve the development of strategies, which create new conditions for learning, eliminate or reduce undesired behaviors and/or increase positive or desired behaviors. These plans are most effective when utilized with individuals who have the capacity to learn. Two behavioral plans were reviewed in the context of the patient's medical records. Each contained evidence of an assessment that included behavioral observation, with a focus on behaviors that can be measured reliably. Interventions were focused exclusively on the target behaviors. In one of the plans, the target behaviors were adjusted as successes were achieved. Each change was discussed with the patient as the plan evolved. The Behavior Management Committee reviews all plans. When plans contain elements that are restrictive, they are also reviewed by the local human rights committee.

PGH is currently in the process of revising Hospital Instruction #47, which involves behavior treatment. There are two licensed clinical psychologists and a master's level behavioral analyst at the facility.

OIG Finding 4.1: PGH is currently reviewing and revising policies regarding behavioral treatment.

OIG Recommendation: The OIG requests that this policy be forwarded for review upon its completion.

DMHMRSAS Response:

The draft of Behavior Treatment Policy (Hospital Instruction #47) is in final review with the Clinical Leadership Team. (Draft copy attached.) An Implementation date of April 1, 2003 has been set. The facility and the Department would welcome the comments of the OIG regarding this policy.